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PTO/SB/21 (6-99)

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## TRANSMITTAL FORM

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Application Number	09/856,859
Filing Date	September 6, 2001
First Named Inventor	Bronwyn Jean BATTERSBY
Group/Art Unit	1639
Examiner Name	J. Epperson
Attorney Docket Number	21415-0005

Total Number of Pages in This Submission

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Version with Markings Showing Changes	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER.	

### SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	John P. Isacson, Reg. No. 33,715, HELLER EHRMAN WHITE & McAULIFFE LLP		
Signature			
Date	January 15, 2004	Customer Number:	26633

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FEE TRANSMITTAL for FY 2003 <i>Effective 01/01/2003. Patent fees are subject to annual revision.</i>					Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					Application Number	09/856,859
TOTAL AMOUNT OF PAYMENT (\$)					Filing Date	September 6, 2001
					First Named Inventor	Bronwyn Jean BATTERSBY
					Examiner Name	J. Epperson
					Art Unit	1639
					Attorney Docket No.	21415-0005
METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None					3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account: Deposit Account Number: 08-1641 (Docket No. 21415-0005) Deposit Account Name: Heller Ehrman White & McAuliffe LLP						
The Commissioner is authorized to: (check all that apply)						
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<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application						
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FEE CALCULATION						
1. BASIC FILING FEE						
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	
1001	770	2001	385	Utility filing fee		
1002	340	2002	170	Design filing fee		
1003	530	2003	265	Plant filing fee		
1004	770	2004	385	Reissue filing fee		
1005	160	2005	80	Provisional filing fee		
SUBTOTAL (1)						
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE						
Total Claims		Extra Claims		Fee from below	Fee Paid	
Independent Claims		-20** =		x		
Multiple Dependent		-3** =		x		
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description		
1202	18	2202	9	Claims in excess of 20		
1201	86	2201	43	Independent claims in excess of 3		
1203	290	2203	145	Multiple dependent claim, if not paid		
1204	86	2204	43	**Reissue independent claims over original patent		
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)						
**or number previously paid, if greater; For Reissues, see above						
					Other fee (specify) _____	
					* Reduced by Basic Filing Fee Paid	
					SUBTOTAL (3) (\$)	
					475.00	
SUBMITTED BY					Complete (if applicable)	
Name (Print/Type)		John P. Isacson		Registration No. (Attorney/Agent)	33,715	Telephone (202) 912-2000
Signature				Date	January 15, 2004	Customer No. 26633

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